DEPARTMENT OF SOCIAL SERVICES

Community Care Licensing Division Statewide Children's Residential Program Out-of-State Certification Unit 744 P Street, Sacramento, CA 95814 ~ MS 19-50 (916) 838-5875 (916) 323-8352 (Fax)



December 18, 2008

Mr. Garrison Ipock, Executive Director Glen Mills School Concordville, Pennsylvania 19331

SUBJECT: ANNUAL CERTIFICATION RENEWAL

Dear Mr. Ipock

Pursuant to California Family Code, Section 7911 et al., this is an official notification that Glen Mills Schools, Out-of-State Certification by California Department of Social Services is continued through 2009. This approval is herby granted as result of the annual evaluation conducted on December 18, 2008.

Two waivers have been granted for certification purposes:

- 1. The use of bunk beds shall preclude children under 5 years of age, or those who are unable to climb into or out of the upper tier unassisted.
- 2. May have more than two youths to a bedroom.

Certification will be reviewed annually. The Out-of-State Certification Unit will be honoring the Department's policy of having inspection authority to inspect with or without appointment.

Please contact me at (916) 838-5875, if you have any questions.

Sincerely,

Olaniyan Akyeem

Associate Governmental Program Analyst

Rosalind Hyde, Manager and Deputy Compact Administrator
 Out-of-State Placement Policy Unit

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION OUT OF STATE GH CERT, 8745 FOLSOM BLVD., #130 SACRAMENTO, CA 95826

FACILITY EVALUATION REPORT

FACILITY NAME: GENNAMICS 602300033 FACILITY NUMBER: ADMINISTRATOR: C.D. FERRAINOLA **FACILITY TYPE:** 731 ADDRESS: GLENNIMILES SCHOOL TELEPHONE: 2154598100 CONCORDVILLE CITY: STATE: PA ZIP CODE: 19331 0 CAPACITY: 1000 CENSUS: DATE: 12/18/2008 UNANNOUNCED TYPE OF VISIT: Case Management - Other TIME BEGAN: 09:00 AM Dave Light, Admissions Coordinator MET WITH: TIME COMPLETED: 02:00 PM

NARRATIVE

PURPOSE OF VISIT:

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Glean-Mills School (GMS) is seeking re-certification as mandated by California law. The purpose of this visit was to verify the facility's compliance with California licensing standards governing children's residential group homes, as well as remaining in compliance with applicable laws, regulations and standards within their own state.

CALIFORNIA PLACEMENTS AND PLACING AGENCIES:

GMS has a current census of 36 California youth who are contracted through six (6) California county Probation agencies ranging from northern, central and southern California. The agencies are as follows: Sacramento, San Bernardino, Santa Clara, San Francisco, San Joaquin and Kern counties. The total census of California youth was 36 at the time of this vist.

FACILITY, PHYSICAL PLANT AND PROGRAM REVIEW AND CHANGES:

The GMS will continue campus wide renovations for the next 6-8 years. Improvements to living units and overall structure of the buildings are showing significant progress. The overall facility physical plant revealed no issues of concern. GMS furniture, fixtures, equipment and appliances etc. all appeared to be in good repair. No safety issues of concern.

GMS has not had any significant program changes in the last year.

(See LIC C continued)

SUPERVISOR'S NAME: Mei Yuk Kung

TELEPHONE: (916) 327-8763

LICENSING EVALUATOR NAME: Olaniyan Akyeem

TELEPHONE: (916) 838-5875

LICENSING EVALUATOR SIGNATURE:

DATE: 12/18/2008

I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.

FACILITY REPRESENTATIVE SIGNATURE:

Original on File

DATE: 12/18/2008

This report must be available at Child Care and Group Home facilities for public review for 3 years.

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FACILITY EVALUATION REPORT (Cont)

FACILITY NAME: GEENNIMES

FACILITY NUMBER: 602300033 VISIT DATE: 12/18/2008

NARRATIVE

(LIC C continued) FIRE CLEARANCE:

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GMS received two separate fire inspections for 2008. The first most recent fire clearance was conducted by the Thornbury Township Fire Marshal on February 26-28, 2008. All buildings were found to be in compliance with current NFPA Fire Codes. The second fire inspection was conducted by Kistler O'Brien Fire Protection of Bethlehem between March and May, 2008. All components related to the physical structures and equipment were inspected, serviced and determined to be in proper working order. No violations were found.

LOCAL STATE LICENSING / COMPLAINTS ISSUES:

The Commonwealth of Pennsylvania Department of Public Welfare Office of Children, Youth and Families, conducted an annual review of GMS from July-August, 2008. All facility buildings, grounds and living units were inspected. Some minor deficiency areas noted pertaining to children's records. All deficiencies were documented and corrected within expected time frames. No significant issues of concern.

On 12/23/2008, contact was made with the GMS licensing representative who reported that facility is operating at full licensing status of the Licensing Department of the Commonwealth of Pennsylvania. ((Note: There are two complaint issues currently under appeal and pending findings as of the date of this review.)

ADMINISTRATION AND PLAN OF OPERATION REVIEW:

GMS has had no significant changes in administration or plan of operation in the last year.

CLIENT(S) SERVICES AND PERSONAL RIGHTS REVIEW:

All students interviewed reported they were participating in one hour Guided Group Interaction (GGI's) therapy sessions on a daily basis. Individual counseling is also available on a case by case basis

Student interviews and client file reviews confirmed that student's were given the proper medical/dental treatment and follow-up services. (See LIC 809 C continued)

SUPERVISOR'S NAME: Mei Yuk Kung TELEPHONE: (916) 327-8763
LICENSING EVALUATOR NAME: Olaniyan Akyeem TELEPHONE: (916) 838-5875

LICENSING EVALUATOR SIGNATURE:

Clary Cycle DATE: 12/18/2008

I acknowledge receipt of this form and understand my appeal rights as explained and received.

FACILITY REPRESENTATIVE SIGNATURE:

Original Signature on file

DATE: 12/18/2008

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION OUT OF STATE GHICERT, 8745 FOLSOM BLVD., SACRAMENTO, CA 95826

FACILITY EVALUATION REPORT (Cont)

FACILITY NAME: GEENNIMIES

FACILITY NUMBER: 602300033

VISIT DATE: 12/18/2008

NARRATIVE (LIC 809 C continued) 2 3 Students reported that they were aware of their personal rights and grievance procedures. They 4 further indicated they had no problems accessing the phones or any other concern related to 5 personal rights. 6 7 SCOPE OF CERTIFICATION REVIEW: 8 9 10 Certification review covered the following areas: programming, intake and discharge procedures, 11 discipline policy, emergency intervention techniques, medical procedures, facility file review, staff 12 interviews, observation of program and daily activities, criminal record review, personal rights, food 13 services, staff trainings, emergency disaster plan, fire clearance, and all issues pertaining to 14 physical plant. 15 16 **OUT-OF-STATE CERTIFICATION FINDINGS, VIOLATIONS AND PLAN OF CORRECTION:** 17 18 19 No violations found 20 21 CERTIFICATION DECISION: 22 23 Recommend Re-certification 24 25 26 27 28 29 30 31 32 SUPERVISOR'S NAME: Mei Yuk Kung TELEPHONE: (916) 327-8763

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TELEPHONE: (916) 838-5875

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